

On

Tracheitis

by

William S Cox

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This Disease is one of comparatively Modern Date, and is commonly said to have been first treated of by Professor Nome of Edinburgh about the middle of the last Century.

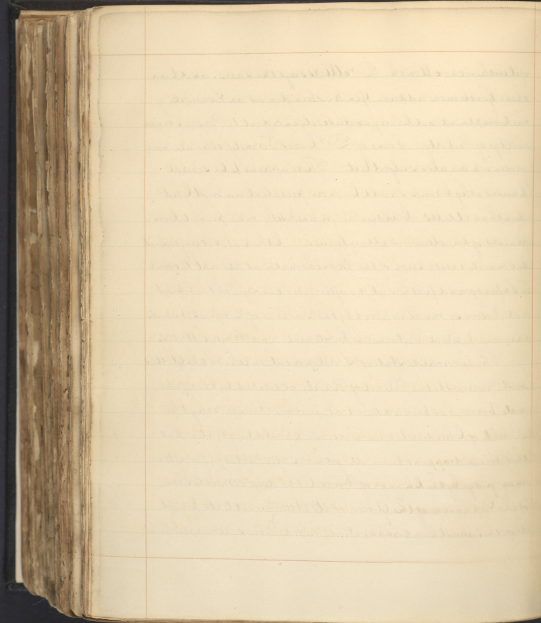
D^r Chapman however mentions that he has seen a Description of it dated at a much earlier Period, and that it is also said to have been described so early as 1719, by an Italian Writer. As regards its Nomenclature it has received a great Variety of Appellations. Those on whom the Task of giving it a Name first devolved were doubtless directed rather by its External Appearance than by any well defined Notions of its Character or Location, hence the unphilosophical Terms of Suffocatio Stridula, & Morbus Strangulatorius, & still more Infantis &c much upon the same Principle are the present Popular Names that it bears, as Hives (Hives) Stiffing, Choking, & atarrh &c. Even Writer who has treated more largely or more scientifically of a Disease than those who have gone before him considers himself entitled to give it a new Name, according to any notions he may entertain of its Pathology, thus on the Discovery of its Situation, we have the Term, Cynanche

Trachealitis, and Laryngitis, and of the Adventitious Membranes,
Membranacea, or Polyposa, Conformally to this Privilege.
Dr. Allard who in 1812 gained half of the Premium offered
by Bonaparte for the best Dissertation on Croup, is said to have
been the first who called this Disease, Tracheitis, which
although not yet adopted by systematic Writers, & perhaps
not in as common use even amongst Medical Men, as some
of the preceding Titles, yet is admitted on all hands to be the
most Philosophical, as pointing out accurately the Seat of
the Disease, and agreeing to some of the Pathological Views
at present entertained its peculiar Character, and at the
same time indicating its proper Place in Nosological
arrangements. Tracheitis is a Disease for the most part
incident to Children, upon whom it falls at times with most
appalling violence, crushing the Tender Flower & destroying
the Parents fond Anticipations. Instances of its attacking
Adults, although rare, are not altogether wanting. Cullen re-
marks that Children who are not yet weaned seldom get the
Complaint, but are more subject to it, the younger they are, after
that takes place. Dr. Chapman says he has known Instances

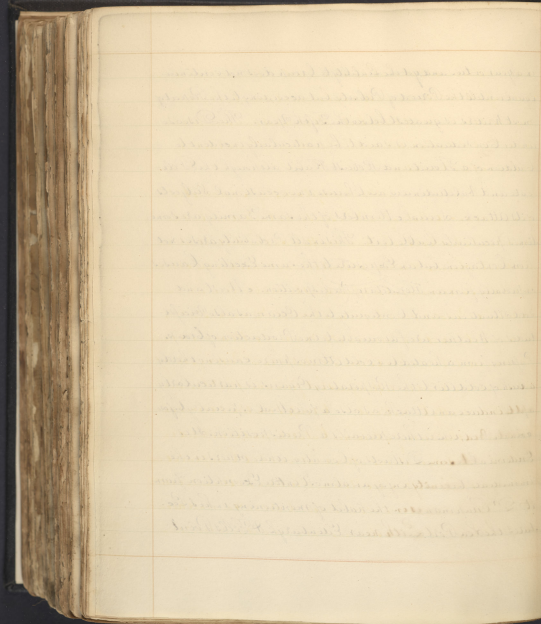
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of it within the month. Dr. Willers says the same, and both these gentlemen adduce Gen. Washington as an Example of the Complaint not being exclusively incident to Persons under the Age of Puberty. Some of Dr. Keen's Family, who are now grown up, are also subject to it. There appears to be several Causes, why Groups should be more prevalent amongst Children than Adults. Children are manifestly more prone to Complaints of the Mucous Membranes. Group is not infrequently connected with such of the Exanthemata as are apt to occur in Infancy, and further at no other Period in Life, ^{are} the Throat and Lungs so much exposed by the Fashion of Dress as it exists throughout Great Britain, the Continent, and United States.

The incomplete State of Development, in which the Glottis exists previous to the Period of Puberty, as evinced by the feminine Voice, has been adduced as another Reason, why the Probability of Children to this Disease should be greater, but this does not appear to be altogether satisfactory, for if we may judge by the Change of Voice, the deep & Manly Tone of the Expansion of the Glottis, or its Attainment to its perfect Size, this must be a comparatively rapid Process accomplished

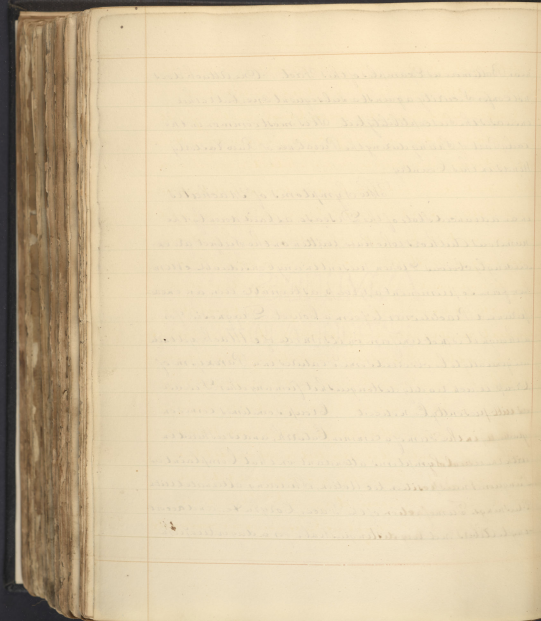


in a year or two, and yet the Liability to Croup does not continue equal until the Period of Puberty, but according to the Report of most Writers is greatest before the Fifth Year. The Disease under Consideration is said to be particularly incident to Children of a Flaxen and Robust Habit although the Delicate and Spleetic are likewise the occasional Subjects of its Attack. Several Members of the same Family are sometimes peculiarly liable to it. This in all Probability arises not from Contagion but an Exposure to the same Exciting Causes or probably from an Hereditary Predisposition. Moist and cold Situations and Contiguity to the Ocean, as also Vicissitudes of Weather are favourable to the Production of Croup. Passing from a heated to a cold Atmosphere, causing thereby a rush of cold Air to the Respiratory Organs, is particularly apt to induce an Attack, as also a full Throat, especially before going to Bed, where there prevails a Predisposition. It is Endemic to some Districts of Country, while others in the immediate vicinity enjoy an almost entire Exemption from it. Dr Chapman is in the habit of mentioning in his Lectures the Sea Port Leith near Edinburgh & Fells Point.



near Baltimore as Examples of this Fact. One Attack does not confer Security against a subsequent One, but rather increases the Susceptibility to it. It is most common in the early Part of Spring during the Prevalence of Raro Easterly Winds in this Country.

The Symptoms of Thackeritis is an advanced State of the Disease, as laid down by the numerous Authors who have written on the Subject are exceedingly obvious & when present in any considerable extent form so prominent a Group, as to enable even an inexperienced Practitioner to form a correct Diagnosis, for although it is not uniform in its Mode of Attack, yet there are generally to be observed some Features in a Paroxysm of Croup, which readily distinguish it from any other Disease as will presently be noticed. Croup sometimes comes on gradually in the Form of a common Catarrh, and is ushered in with the usual Symptoms attendant on that Complaint, as Languor, Inactive Position &c Motion, Shivering, alternated with Flushings, Tumefaction of the Face, Coryza &c. and according to Albert not very distinguishable for a day or two from

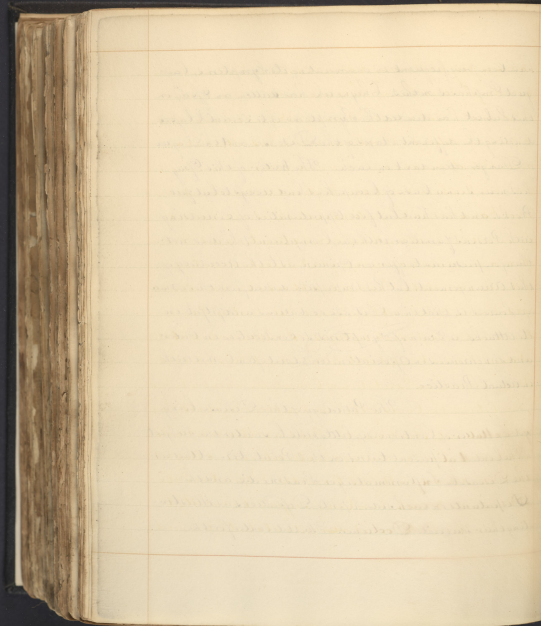


catarrh. At other Times it makes its appearance very abruptly and with the urgent symptoms of a well marked Paroxysm. These are a dry hoarse cough, great Difficulty of Breathing and Sense of Suffocations as if something obstructed the Passage of Air from the Lungs, a wild staring Look, indicating great Alarm and Apprehension, unappeasable Complaints, great Restlessness and Propensity to Loco-motions all appealing powerfully to the compassionate Feelings of the Practitioner bespeaking his most strenuous Exertions in his Patients Behalf, and insuring (if old enough) a ready Acquiescence in any measures proposed for his Relief. The Cough alone alluded to must be exceedingly peculiar; it has been variously compared by the Persons who have written on this Complaint to the Barking of a small Basset Dog, the boughing through a Muslin, or a Reaser Tube, the howling of a Wolf, Baying of an Ape, and Forcing a Piston through a Dry Pump. Whatever it may most resemble, it is admitted on all hands to be so remarkable, that a Person who has once heard it, will never be at a loss to recognise it again. Dr Cox whose Opportunities of witnessing this Disease in his own Family

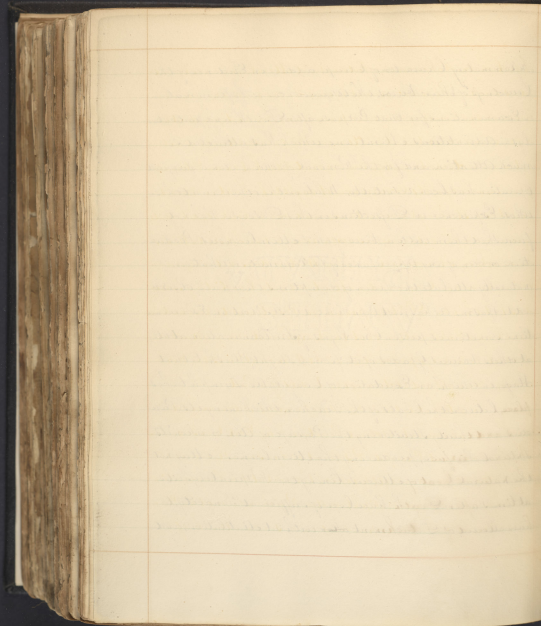
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has been very frequent, in enumerating its Symptoms, lays great Emphasis on this. Cheyne who has written an Essay on this Subject, has divided the Symptoms into several Classes denoting the different Stages of the Disease, and the Degree of Danger attendant on each. The writer of this Essay has never seen a case of Group, has had access to but few Books, and has had but few Opportunities of conversing with Persons familiar with the Complaint; he does not therefore presume to offer an Opinion as to the Accuracy of this Arrangement, but his Impression derived from these Materials is, that in a Disease so various and fitful in its Attacks, a Train of Symptoms so consecutive in Order and synchronous in Association, would not often be met with in actual Practice.

The Pathology of this Disease being yet a matter of Controversy, little will be said on the Subject. The contest at present turns on this Point, viz. — Whether the Disease be Inflammatory or Spasmodic, and the Disputants on each side, refer to Dissections, as illustrating their respective Doctrines. The Advocate for the

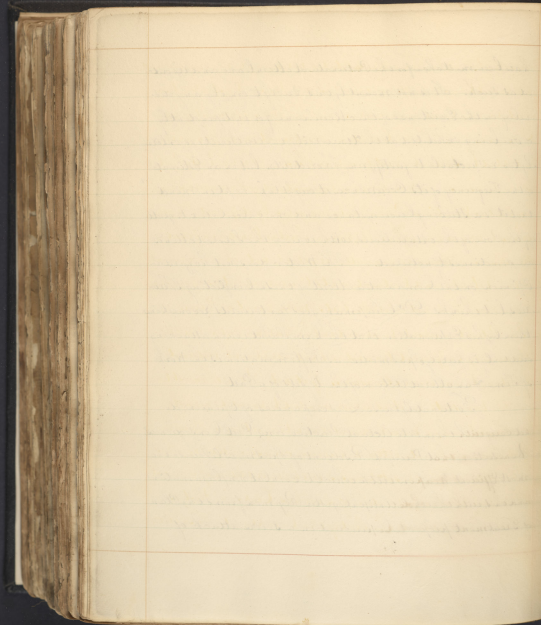


Inflammatory Character of Croup, adduced in Evidence of the
Correctness of their Views, the Appearance of Inflammation
in Examinations for that Purpose after Death, and particularly
by the Adenitoides Membrane, which has attracted so
much Attention, and for the Removal of which, even a Surgical
Operation has been resorted to. While on the other hand those
whose Experience in Dissections in this Disease, has not
furnished them with a View of this Membranous Pro-
duction or even of any Appearance of Inflammation whatever,
naturally attribute the Train of Symptoms they have observ-
ed to Spasms. As has just been hinted Post Mortem Examina-
tions sometimes present no Signs of Inflammation at all,
at others various Grades of it, from a slight Blush, to that
Stage, in which an Exudation of Coagulable Lymph takes
place, betwixt the coats of the Trachea, thickening its Pari-
etes and thereby straitening the Passage of Air: or upon its
Internal Surfaces, producing the Membrane. May not
the natural Coat of Mucus, lining the Respiratory Tube
at times after Death have been of sufficient Tenacity, to
have allowed of Detachment ~~after~~ without Effulcoration, and



has been mistaken for the Proturated Membrane and recorded as such. It is not meant by this Query to imply any disbelief in the Existence of the Membrane, for independently of one being exhibited at the University the Authority is entirely too respectable to justify any Incredulity, but in an Estimate of the Frequency of its Occurrence, it ought to be kept in mind that it is a striking Circumstance and one calculated to gratify the Poze of the Standeards, with which the Soldier stands are sometimes tinged. The Writer does not hazard an Opinion on the comparative Merit of these conflicting Theories, but thinks Dr Chapman goes far towards reconciling them by his Explanation that the Complaint when attacking suddenly is purely Spasmodic, as Inflammation is the Work of Time, & an altered Action of the vessels of a Part.

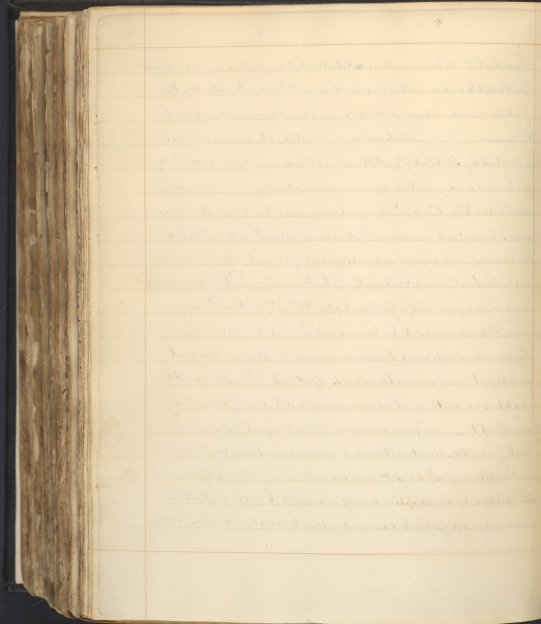
Fortunately these Discrepancies of Opinion, do not carry with them into Actual Practice, any Evil Consequential Consequences, that Powerful Resolvent of Spasms, is likewise the most Efficient Weapon with which to combat Inflammation and this, with the whole Antiphlogistic Regimen forms the Plan of Treatment properly to be pursued in a severe attack of



Trachitis is one of the articles, belonging to the now almost exploded class of Asthmas modica, as Musk, Castor & Spagelitar, can be at all relied on, in the Management of this Disease.

The course of Treatment, now generally adopted by Skilful Practitioners is this. In the early Part of the Disease, an Emetic is administered of Spicacuanha or Tartar Emetic, a Preference being given by different Physicians to one or the other Article. Tartar Emetic in Tracheal Diseases however, is generally preferred, not only on account of the Activity and Certainty of its Operations, but as exercising a specific Effect not reproducible to its more Emetic Power.

The Patient is also to be placed in the Warm Bath, this is frequently sufficient to subdue the Complaint without resorting to any other Measures. If it not, Recurrence must be had to bloodletting, it is recommended to bleed copiously the first time, in order to obviate the Frequency of a Recurrence to it. An Obdurate Attack however occasionally requires a Repetition of all these Processes, with the addition of Topical Depletion by the application of Leeches, Cups or Blisters as nearly as possible to the Seat of the Complaint. These with

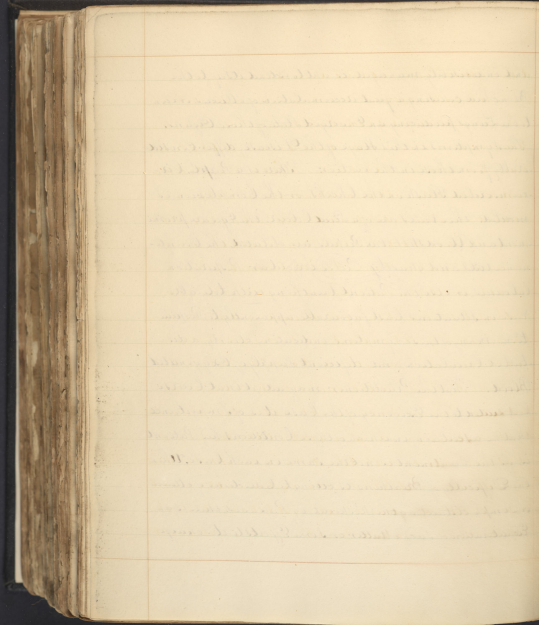


the subsequent administration of Mercurial Purges, and occasionally Expectorants to remove any Remains of Hoarseness, constitute the Method of Treatment at present most approved of. In a Review of the Remedies just mentioned, it will be observed, that they are equally efficacious, in resolving Spasm or reducing Inflammation, whichever Theory be adopted.

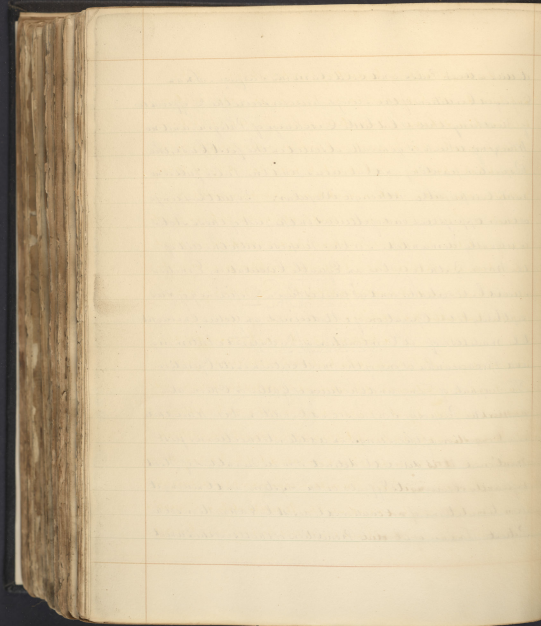
The Effect of an Emetic, besides discharging the Contents of the Stomach and by forcible Expulsion of Air through the Windpipe to remove any Obstruction that may exist there, is also to produce great and universal Relaxation. The Warm Bath besides being, by its Sweating Effect, one of the Auxiliaries to the Antiphlogistic Regimen, exercises an Antispasmodic Power by its Tendency to produce an Equable Circulation and relax Construction, and Blood letting by withdrawing directly a Portion of Fluid from the circulating Mass, is the most expeditious and effectual Means of reducing Inordinate Vascular Action, which is the Proximate Cause of the Phenomena of Inflammation, and when carried to Syncope by one or any other, the Measure best calculated to resist Spasm. Cramp when neglected for some hours, or profusely

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and incessantly managed, is apt to extend itself to the
Bronchia causing a great accumulation of mucus, or even
to the Lungs producing an Engorged state of those Organs.
The Symptoms in this Stage of the Disease, differ Consider-
ably from those in the earlier. There is a Purple, cir-
cumscribed Flush on the cheeks, or the Complexion is
mottled, the Nails are of a Lead colour, the Eyes are promi-
nent and blood shot, the Pupils are dilated, the Counte-
nances wild and ghastly, Pulse irregular, Respiration
labourous, or else the Patient breathing with tolerable
ease in situations least favourable, apparently to Respi-
ration, many of these Symptoms, indicating clearly, a dis-
turbed Circulation and deficient Supply of Oxygenated
Blood. That the Practitioner, may adopt that Course
best suited to the Exigency of the Case, it is of Importance
that he ascertain in which of these Conditions his Patient
is, as the Treatment is not the same in each Case. When
the Difficulty of Breathing is owing to Collections of mucus
or Lymph obstructing the Respiratory Passages, there is an
Expectoration of such Matter or some Effort to discharge



it with a weak Pulse and cold clammy Surface. In an Engaged Condition of the Lungs, haecis severe the Difficulty of Breathing, there is but little Discharge of Phlegm, and no Wheezing, which is generally observed in the first Case, the Respiration panting and laborious, and the Pulse full and easily compressible, although irregular. To rid the Lungs of their Oppressive Load of Mucus in the first of these States is urgently demanded. For this Purpose, with the Aid of the Warm Bath to restore an Equable Circulation, Emetics should be resorted to, and as there is here a Deficiency of Susceptibility to the Operation of Medicines, an Active one ought to be made use of. A Combination of Tartarized Antimony and Spicacuanha is one of the most certain in its Operation. The Sulphate of Zinc, and the Juice of Garlic or Onions also answer the Purpose. In the Second Condition, viz. When there is a Congestion of the Lungs, in addition to the Means just mentioned, it is directed to detract small Quantities of Blood vigorously observing its Effects on the System, and renewing it from time to time if not cautioned to assist by Exhaustion of the Patient. In Case of absolute Prohibition of the Use of the direct



Leeches or cups, with the bleeding applications are to be substituted. The Circumstances of the Lungs appropriating to themselves so large a Proportion of the Blood of the whole Body, suggests the Propriety of Caution in drawing from the general Circulation. The Cure is to be confirmed by the Use of Expectorants, as the Antimonial Wine, Syrup of Squills, or Decoct of Polygalastenega, or what contains the Active Ingredients of all three Doct. Coxs's Hiss Syrup. indeed this is said to be a valuable Article in the Early Stage of Croup, as when taken in large Doses, it unites in itself, the Properties of an Emetic, Cathartic & Sudorific.

Nothing as yet has been said of the Treatment of this Disease, with Calomel exclusively. From the Opportunities of witnessing the almost invariable Emetic, as well as Cathartic Effect of Calomel, upon his own Children, the Writer would be induced to think this most Important Article of the Materia Medica competent to the Cure of many Cases of Croup. Professor Hamilton who appears thoroughly to understand & duly to appreciate the Necessity of Evacuation which this Medicine displays, considers himself the teacher

of the Practice and is consequently much attached to it and in these Hands it has proved eminently successful, but it probably never will acquire firm Footing in this Hemisphere, where in the frightful Forms in which it makes its appearance, a malignant System of Practice prevails, and which probably will never be superseded by any other.

The Operation of Bronchotomy which in the Case of the Removal of Foreign Bodies from the Trachea places the Surgical Art on so proud an Eminence, appears to be distrustfully spoken of in the Removal of these Obstructions sometimes met with in this Disease. The Objections to a Recourse to it are, the Difficulty of ascertaining the Degree of its Tenacity, its Situation, or even its Existence and the extreme Reluctance on the Part of Parents & Friends to submit to so desperate an Expedient, until the Subject of it was no longer in a Condition to benefit by its Adoption.

Not having laboured largely in this Essay & for having offered nothing Original, no Apology is considered necessary, but for the numerous Inaccuracies & Defects in its Phrasology, one may be expected, such as one, the Critic perhaps find in a First Attempt at an entire Unacquaintance with the Laws of Literary Composition. —

Doct. Gibson